U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0138 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1262/	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Daniel M Boody	Name Painters District Council #4
	Labor Organization File Number 042-228
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 585 Aero Drive	Street 585 Aero Drive
City Cheektowaga	City Cheektowaga
State New York ZIP Code + 4 14225	State New York ZIP Code + 4 14225
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
rido Nario, a dily.	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed (Aal M. Bosta)	on 8-15-05 716-565-0303
	Date Telephone Numbér

Name of Person Filing Daniel Boody	e of Person Filing Daniel Boody		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Lipsitz, Green, Fahringer, Roll, Salisbury & Trade Name, if any: Labor Attorneys P.O. Box, Bkdg., Room No., if any Street 42 Delaware Ave, Suite 300 City Buffalo State New York ZiPCode + 4 14202-3857	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Painters District Council #4 Trusts Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 585 Aero Drive	11.a. Nature of such deal Four tickets to 10 food and drinks.	ling. 0-31-04 Buffalo Bills game with	
City Cheektowaga	11.b. Approximate dollar val		
State New York ZiP Code + 4 14225			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Lipsitz, Green, Fahringer, Roll, Salisbury & Trade Name, if any: Labor Attorneys P.O. Box, Bidg., Room No., if any Street 42 Delaware Ave, Suite 300 City Buffalo State New York ZIP Code + 4 14202-3857	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Painters District Council #4	11.a. Nature of such deali Underwrite members Expenditure 11-19-	hip Christmas Party 12/04 Date of		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 585 Aero Drive City Cheektowaga State New York ZIP Code + 4 14225	11.b. Approximate dollar value 12.a. Nature of interest hel	ue of such dealing. \$2,000		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Labor Management Corporation Initiative	
Trade Name, if any: LMCI	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 1750 New York Ave., NW	C. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Painters District Council #4	8-19-04 Dinner General Convention \$81.76
Trade Name, if any:	7-7-04 Dinner LMCI meeting \$168.96
P.O. Box, Bldg., Room No., if any	
Street 585 Aero Drive	
City Cheektowaga	11.b. Approximate dollar value of such dealing. \$251
	12.a. Nature of interest held or income received.
State New York ZIP Code ÷ 4 14225	
	12.b. Amount.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	

Name of Person Filing		de Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name International Union of Painters & Allied Tra	(7		
Trade Name, if any: IUPAT	a. Labor Organization	n	
P.O. Box, Bidg., Room No., if any	c. Employer		
Street 1750 New York Ave., NW			
City Washington			
State District of Columbia ZIP Code + 4 20006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing		
Name Painters District Council #4	8-18-04 Dinner - Pro Programs to Eastern		
Trade Name, if any:	JATF is Joint Apprer	nticeship Traini	ing Fund
P.O. Box, Bldg., Room No., if any			
Street 585 Aero Drive	11.b. Approximate dollar value	of such dealine	6194
City Cheektowaga	12.a. Nature of interest held of		\$184
State New York ZIP Code + 4 14225			
	12.b. Amount.		
C. Passived form any ample or (attention on ample or covered under	r parts A and B above)		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			!
Street			:
City			
State ZIP Code + 4		<u></u>	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name IUPAT Industry Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 New York Ave., NW City Washington State District of Columbia ZIP Code + 4 20006	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Painters District Council #4 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 585 Aero Drive City Cheektowaga State New York ZIP Code + 4 14225	11.a. Nature of such dealing. B-16-04 Dinner - Pension Explanation Meeting \$107.99 B-18-04 Dinner - Pension Explanation Meeting \$141.02 11.b. Approximate dollar value of such dealing. \$249 12.a. Nature of interest held or income received.	
	12 h A	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	